

Name
in
Full

CERTIFICATE OF DEATH

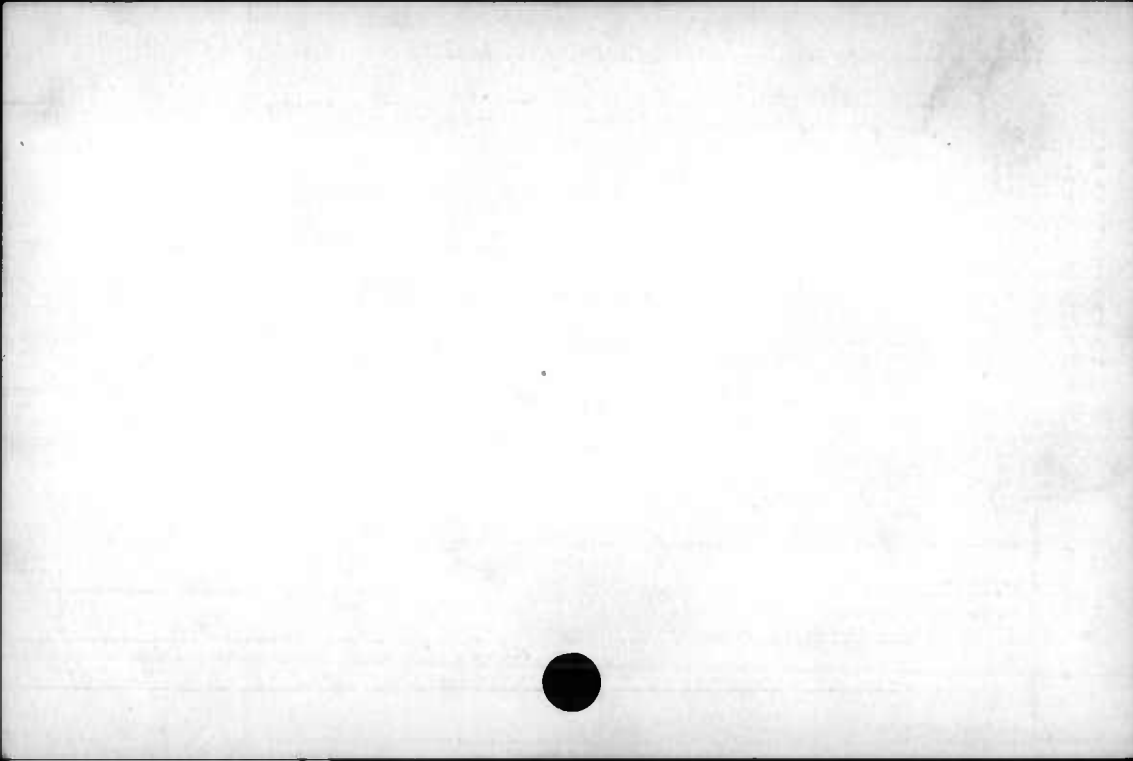
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bethingen</i> <small>Town</small>		<i>Barred</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i> <small>Month</small>	<i>Nov.</i> <small>Day</small>	<i>12</i> <small>Years</small>	<i>34</i> <small>Months</small>	<i>6</i> <small>Days</small>	<i>18</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Bethingen</i>			
Married, Single or Widowed <i>married</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Catherine Bethingen</i>					
Father's Name <i>William Bethingen</i>		Father's Birthplace <i>Bethingen Md</i>			
Mother's Maiden Name <i>Agnes Bethingen</i>		Mother's Birthplace <i>Bethingen Md</i>			
Name of person giving information <i>Mrs John Stork</i>		How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemorrhoids</i>	How long <i>for years</i>
Immediate <i>Hemorrhage from Bowels</i>	How long <i>15 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>H. R. Boyer</i>
	Address <i>Accident Md.</i>
Accident or Suicide?	



Name
in
Full

Archabel Derwitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{near} *Hoyes* Town

County

Garrett

MARYLAND

Date
of death 1903

Month

Nov

Day

11

Age

Years

45

Months

4

Days

28

Sex

*Male*Color or
Race*White*Birth-
place*Maryland*Married, Single
or Widowed*married*

Occupation

*Farmer*Name of Wife or
Husband*Sannah E Chambers*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Chambers Derwitt*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Chronic Bronchitis

How long

about 6 months

Immediate

How long

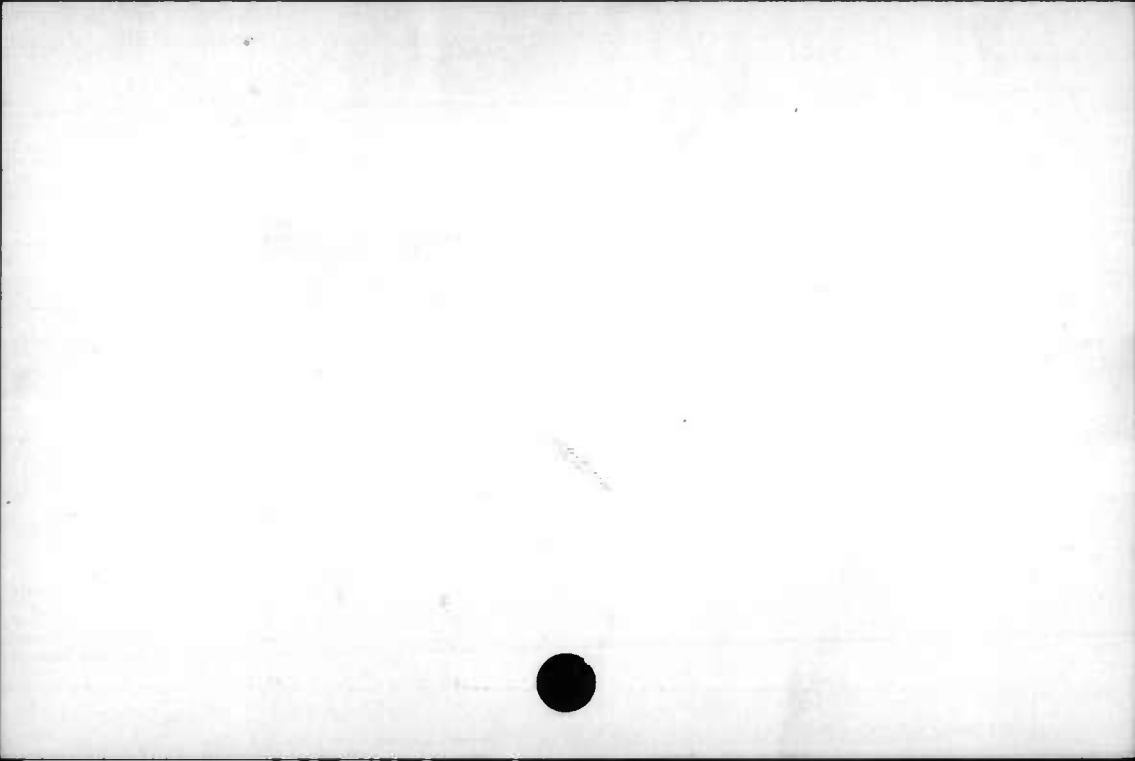
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*H. R. Bayer, M.D.*

Address

accident M.D.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Samuel Duckworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arulan</i> Town		<i>Garnett</i> County		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>7</i>	Age <i>28</i> Years	Months <i>5</i>	Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Garnett Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband					
Father's Name <i>Israel Duckworth</i>			Father's Birthplace <i>Garnett Co Md</i>		
Mother's Maiden Name <i>Arilana</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Russell Durst</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>C</i>	How long
Immediate <i>Consumption</i>	How long <i>3 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H L Bebons</i>
	Address <i>Grantville Md</i>
Accident or Suicide?	



Name
in
Full

Daniel Durst x

CERTIFICATE OF DEATH

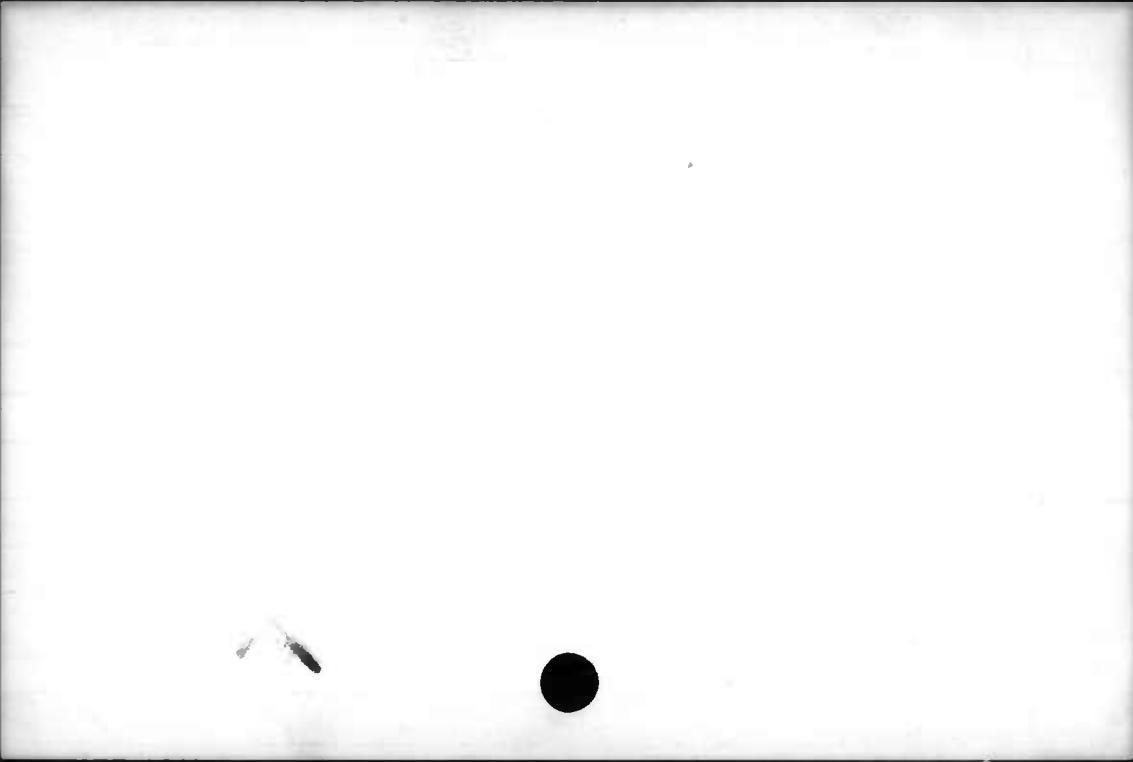
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Anneton</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>29</i>	Age <i>3</i> Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Garrett Co Md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>none</i>		
Name of Wife or Husband					
Father's Name <i>Charles Durst</i>			Father's Birthplace <i>Garrett Co Md</i>		
Mother's Maiden Name <i>Dora McKingie</i>			Mother's Birthplace <i>Garrett Co Md</i>		
Name of person giving information <i>Geo Stark</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scalded</i>	How long <i>2 days</i>
Immediate <i>Dont Know</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H L Berans</i>
	Address <i>Grantsville Md</i>
Accident or Suicide?	



me
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Feherty *T*
County

Died at <i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>12</i>	Years <i>23</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Garrett Co</i>			
Married Single		Occupation			
Name of Wife or Husband					
Father's Name <i>Michael Feherty</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Pendergast</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Michael Feherty</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Emphysema Lung</i>	How long <i>3 1/2 yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
	Address
Accident or Suicide?	

Up ~~Street~~ Silver
con. North Ave + Belmont
St.

Name In Full

Gabriel Friend X

Certificate of Death

Died at ^{Town} *Near Sealer*, ^{County} *Garrett* MARYLAND

Date 19 *03*, ^{Month} *11th* ^{Day} *13*, Age *78.0.6* ^{Y. M. D.} *U.S* ^{Native of} *Peddler* ^{Occupation}

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of *Elisabeth W. Savage Friend*

Wife *John S Friend*

Mother's *Sophia Kemp*

Name Maiden Name

Cause of ^{Primary} *old age*

Death ^{Immediate} *heart failure*

How long sick

179

Accident, Suicide, Homicide

Reported by *M. C. Frazee Undertaker*

Address *Friendsville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullMrs Corline Boyer ^{Town} ~~Keller~~ ^{County}

CERTIFICATE OF DEATH

Died at

Accident

Gorrad

MARYLAND

Date

of death 1903

Month

Nov.

Day

20

Years

Age

67

Months

7

Days

4

Sex

Female

Color or
Race

white

Birth-
place

Somerset Co Pa

Married, Single
or Widowed

Widowed

Occupation

House wife

Name of Wife or
Husband

George Keller

Father's
Name

Michael Boyer

Father's
Birthplace

Somerset Co Pa

Mother's
Maiden Name

Mary Ringler

Mother's
Birthplace

Somerset Co Pa

Name of person giving
In formationCarroll Boyer ~~Boyer~~How related
to deceased

Brother

CAUSES OF DEATH

Primary

Senility

How long

Immediate

Dropsy

How long

several years

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

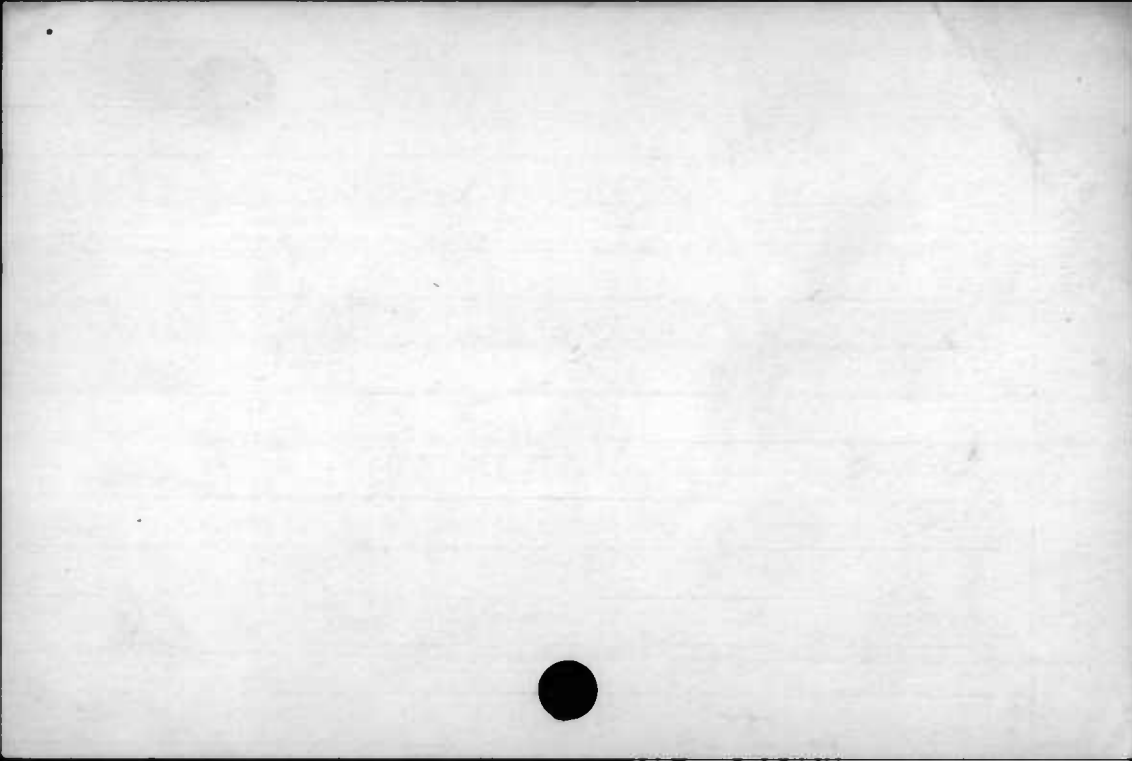
H.P. Boyer

Address

Accident Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mrs. Alta S. Martin

X

CERTIFICATE OF DEATH

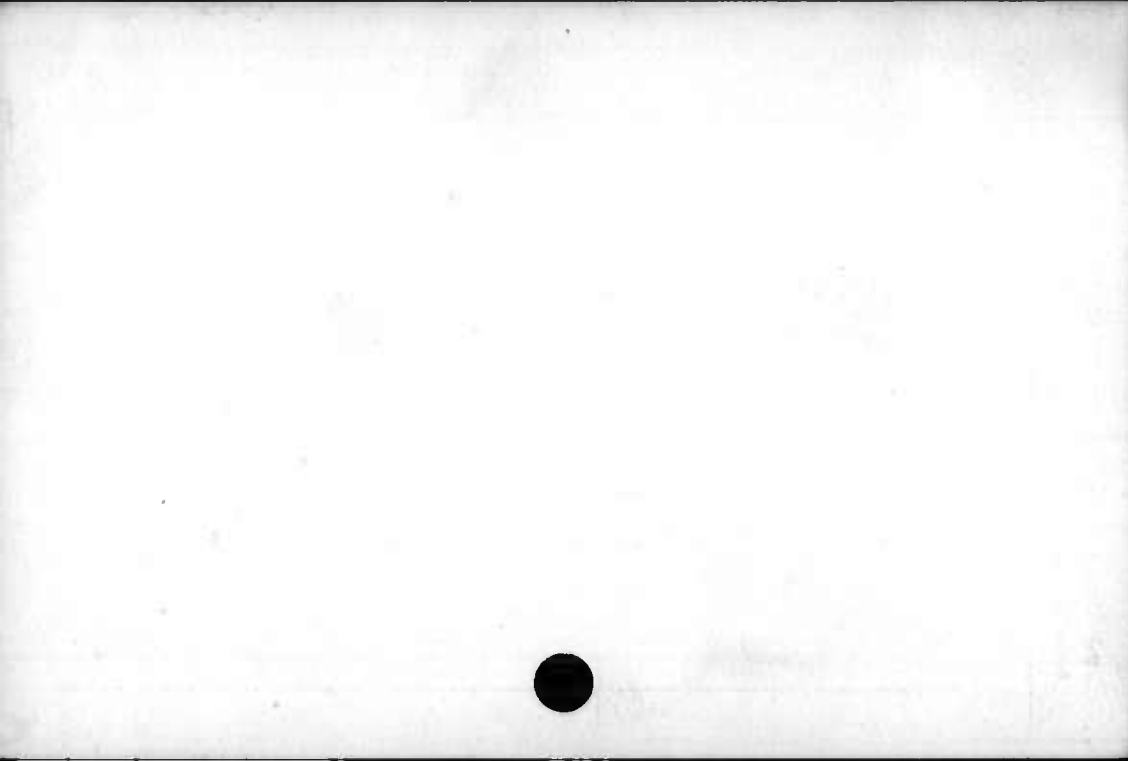
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Oakland</i>		County <i>Gorrett</i>		MARYLAND	
Date of death 190	3	Month <i>Nov.</i>	Day <i>11</i>	Age	Years <i>23</i>	Months	Days
Sex	<i>Lady</i>		Color or Race	<i>white</i>		Birth- place	<i>Ryan's Glade</i>
Married, Single or Widowed	<i>Married</i>		Occupation	<i>former wife</i>			
Name of Wife or Husband	<i>John A. Martin</i>						
Father's Name	<i>Ephraim W. Kelso</i>				Father's Birthplace	<i>Accident Md</i>	
Mother's Maiden Name	<i>S. M. Dixon Eliza Kelso</i>				Mother's Birthplace	<i>Blaine Md</i>	
Name of person giving information	<i>S. M. Dixon</i>				How related to deceased	<i>Brother-in-law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fracture Base of brain.</i>		How long	<i>10 mins.</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>J. E. Egge</i>
			Address	<i>Oakland Md</i>
Accident or Suicide?				



Name
in
Full

Alice R. Stugent X

CERTIFICATE OF DEATH

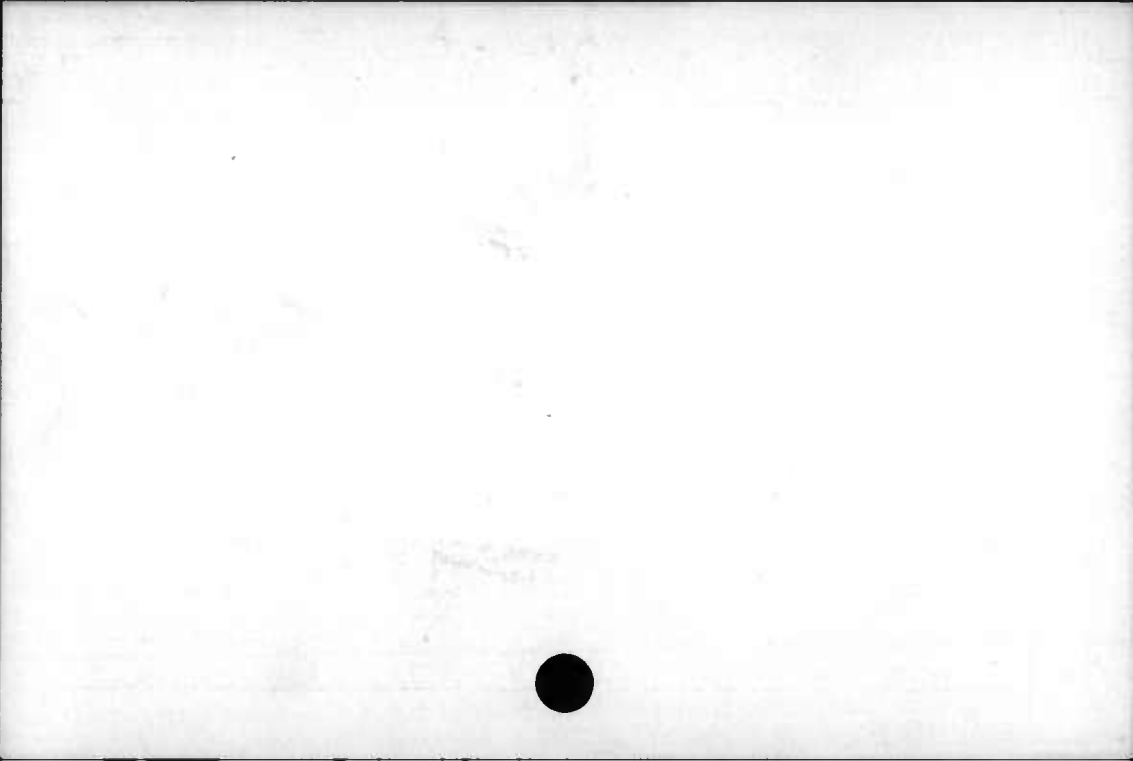
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Friendsville</i>		Town <i>Garrett</i>		County		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>22</i>	Age	Years <i>28</i>	Months <i>2</i>	Days <i>20</i>	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>					
Married, Single or Widowed <i>Married</i>			Occupation <i>House wife</i>				
Name of Wife or Husband <i>W. L. Stugent</i>							
Father's Name <i>John E. Thrasher</i>					Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Anna L</i>					Mother's Birthplace <i>"</i>		
Name of person giving information <i>W. L. Stugent</i>					How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Heart Disease</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. J. Mason M.D.</i>
	Address <i>Friendsville Md</i>
Accident or Suicide?	



Name in Full

Isaac Turney +

Certificate of Death

Died at ^{Town} near Friendsville ^{County} Garrett, state MARYLAND

Date 1903. ^{Month} 11th ^{Day} 14th ^{Y.} Age 67. ^{M.} ^{D.} ^{Native of} Md ^{Occupation} farmer

Male ^{White} ^{Married} ^{Widow} ^{Divorced} no

~~Female~~ ^{Colored} ^{Single} ^{Widower} yes ^{Number of children living} 8

Husband
of
Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Paralysis

Death

Immediate

How long sick 8

days

Accident, Suicide, Homicide

Reported by

M.E. Hager, Undertaker
Friendsville Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Victor Newman White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town
Died at *New Kensington* County *Germantown* MARYLAND

Date of death 1903 *Nov* *25* Age *20* Months *-* Days *-*

Sex *Male* Color or Race *White* Birth-place *MD*

Married, Single or Widowed *Single* Occupation *Farmer*

Name of Wife or Husband *-*

Father's Name *James W White* Father's Birthplace *MD*

Mother's Maiden Name *Hornery* Mother's Birthplace *MD*

Name of person giving information *A C Kiley* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid fever* How long *9 days*

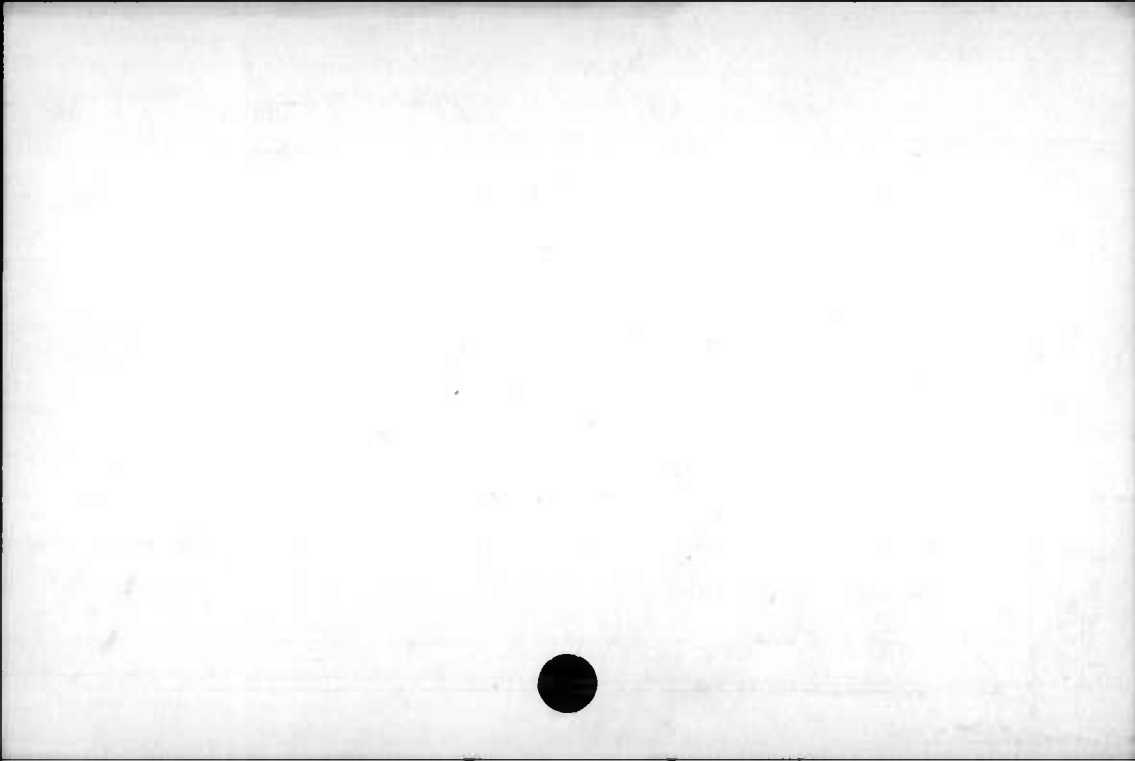
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. G. Dunkwaite*

Address *Germantown, Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Wright</i>		Town <i>Stamont</i>		County <i>Garnett</i>		MARYLAND	
Died at <i>Stamont</i>		Month <i>Nov</i>		Day <i>6</i>		Age <i>60</i>	
Date of death 190 <i>3</i>		Month <i>Nov</i>		Day <i>6</i>		Years <i>60</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>N Va</i>		Months <i>—</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Furnier</i>		Name of Wife or Husband <i>Mrs James Harry</i>		Father's Name <i>W G Harry Wright</i>	
Mother's Maiden Name <i>—</i>		Father's Birthplace <i>Ma</i>		Mother's Birthplace <i>93</i>		How related to deceased <i>Distant</i>	
Name of person giving information <i>J W Landrum</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>six weeks</i>	
Immediate <i>Exhaustion</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Ja</i>		Signature of Physician <i>J W Landrum</i>	
		Address <i>Mt Lake Park</i>	
Accident or Suicide? <i>—</i>			

